

7446

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

| BUREAU OF VITAL STATISTICS | | ARIZONA STATE BOARD OF HEALTH | | STANDARD CERTIFICATE OF DEATH | |
|---|------------------------------|--|----------------|---|--|
| 1. PLACE OF DEATH | | County <u>Mohave</u> State <u>Arizona</u> | | State File No. <u>320V</u> | |
| District or Township <u>Kingman</u> or Village | | City <u>Kingman</u> | | Registered No. <u>21</u> | |
| 2. FULL NAME <u>Nan Fought</u> | | (a) Residence, No. <u>Peach Springs</u> | | St. <u>Kingman</u> Ward <u>1</u> | |
| Length of residence in city or town where death occurred <u>13</u> yrs. <u>11</u> mos. <u>15</u> ds. | | How long in U. S. if of foreign birth? <u>13</u> yrs. <u>11</u> mos. <u>15</u> ds. | | | |
| PERSONAL AND STATISTICAL PARTICULARS | | | | | |
| 3. SEX <u>Male</u> | 4. COLOR or RACE <u>Cauc</u> | 5. SINGLE, MARRIED, WIDOWED or DIVORCED <u>Single</u> | | | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | | | | |
| 6. DATE OF BIRTH (month, day and year) <u>27 July 1917</u> | | | | | |
| 7. AGE | Years <u>13</u> | Months <u>11</u> | Days <u>15</u> | IF LESS than 1 day <u>hrs.</u> or <u>min.</u> | |
| 8. OCCUPATION OF DECEASED | | | | | |
| (a) Trade, profession, or particular kind of work | | | | | |
| (b) General nature of industry, business or establishment in which employed (or employer) | | | | | |
| (c) Name of employer | | | | | |
| 9. BIRTHPLACE (city or town) <u>Arizona</u> (State or country) | | | | | |
| 10. NAME OF FATHER <u>C D Fought</u> | | | | | |
| 11. BIRTHPLACE OF FATHER <u>Missouri</u> (city or town) (State or country) | | | | | |
| 12. MAIDEN NAME OF MOTHER <u>Ethel Stratton</u> | | | | | |
| 13. BIRTHPLACE OF MOTHER <u>Arizona</u> (city or town) (State or country) | | | | | |
| 14. Informant <u>C D Fought</u> (Address) <u>Peach Springs</u> | | | | | |
| 15. Filed <u>July 9</u> , 19 <u>31</u> Registrar <u>Walter B. Bogue</u> | | | | | |
| MEDICAL CERTIFICATE OF DEATH | | | | | |
| 16. DATE OF DEATH <u>July 8</u> 19 <u>31</u> Month Day Year | | | | | |
| 17. I HEREBY CERTIFY, That I attended deceased from <u>19</u> to <u>19</u> , that I last saw him alive on <u>19</u> , and that death occurred, on the date stated above, at <u>Kingman</u> . The CAUSE OF DEATH was as follows: <u>By overturning automobile 7 1/2 miles west of Peach Springs accidental</u> | | | | | |
| CONTRIBUTORY (Secondary) <u>None</u> | | | | | |
| 18. Where was disease contracted <u>None</u> If not at place of death? | | | | | |
| Did an operation precede death? <u>No</u> Date of <u>None</u> | | | | | |
| Was there an autopsy? <u>No</u> | | | | | |
| What test confirmed diagnosis? <u>None</u> (Signed) <u>Wm Grant J.P.</u> (Address) <u>Arizona</u> | | | | | |
| * State the Disease Causing Death, or in Paths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space). | | | | | |
| 19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Kingman Ariz</u> DATE OF BURIAL <u>July 9-31</u> | | | | | |
| 20. UNDERTAKER <u>San Martin Kingman Ariz</u> ADDRESS | | | | | |